



ATTORNEY'S DOCKET NO. P0547/7011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Star Medical Technologies, Inc.

Serial No: 08/636,286

Filed: April 23, 1996

For: METHOD FOR THE LASER TREATMENT OF SUBSURFACE BLOOD VESSELS

Examiner: B. Yarnell

Art Unit: 3311

Official Draftsperson

Assistant Commissioner for Patents

Washington, DC 20231

CERTIFICATE OF MAILING UNDER 37 CFR. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to: Attn: Official Draftsperson, Assistant Commissioner for Patents, Washington, DC 20231 on August 5, 1997.

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SEP 08 1997

GROUP 3300


Ronald J. Kransdorf
Registration No.: 20,004

Sir:

Transmitted herewith is/are the following document(s):

- [X] 3 Sheets of Formal Drawings for Figs. 1-3B.
- [X] Letter to Official Draftsperson

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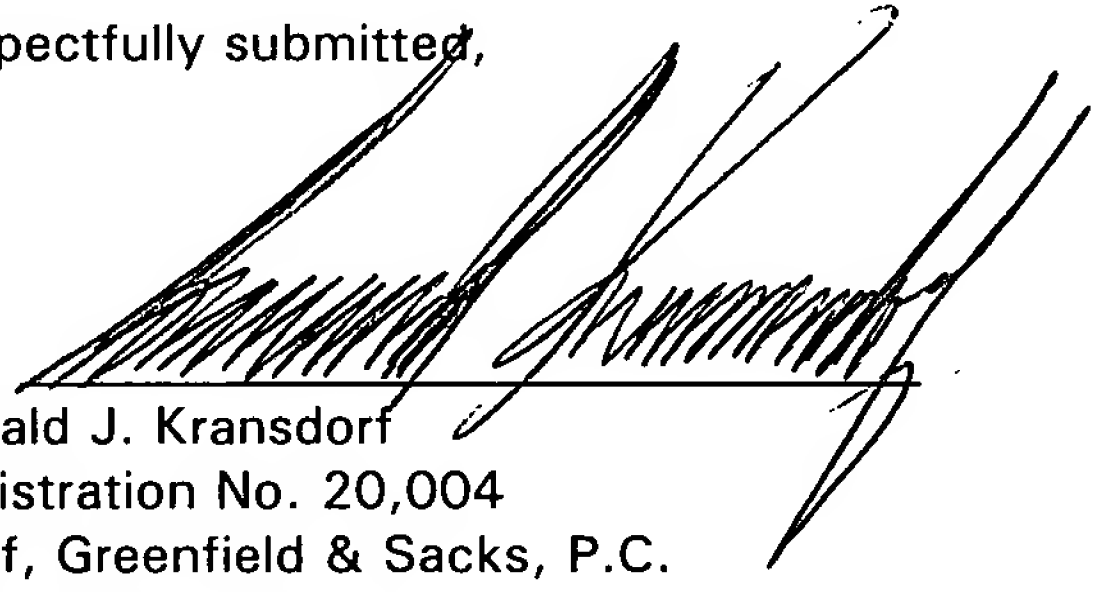
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GROUP 3300

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617)720-3500, Boston, Massachusetts.

If any fee is required, the balance may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,


By: Ronald J. Kransdorf
Registration No. 20,004
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, MA 02210
Telephone: 617/720-3500August 1, 1997
x08/27/97



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Ronald J. Kransdorf
Registration No.: 20,004

Sir:

LETTER TO OFFICIAL DRAFTSPERSON

Subject to the approval of the Examiner in this case, enclosed for filing are 3 sheets of FORMAL DRAWINGS, Figures 1-3B, for the above-referenced patent application.

The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 23-2825. A duplicate of this sheet is enclosed.

Respectfully submitted,


By: _____
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BOX ISSUE FEE
ASSISTANT COMMISSIONER FOR PATENTS
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Ronald J. Kransdorf
Registration No.: 20,004

Sir:

Transmitted herewith is/are the following document(s):

[x] Issue Fee Transmittal

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617)720-3500, Boston, Massachusetts.

Enclosed is a check in the amount of \$ 645.00 to cover part of the filing fee. The balance of \$645 may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By: 

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